

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

10705195

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP			IND	DEP	IND	DEP	IND	DEP	
1	1							51							
2		1						52							
3		1						53							
4		2						54							
5		2						55							
6		2						56							
7		2						57							
8		2						58							
9		2						59							
10		2						60							
11		2						61							
12		2						62							
13		2						63							
14		2						64							
15		2						65							
16		2						66							
17		2						67							
18		2						68							
19		2						69							
20		2						70							
21		2						71							
22		2						72							
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32		2						82							
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36		2						86							
37		2						87							
38		2						88							
39		2						89							
40		2						90							
41		2						91							
42		2						92							
43		2						93							
44		2						94							
45		2						95							
46		2						96							
47		2						97							
48		2						98							
49		2						99							
50		2						100							
TOTAL IND.	1							TOTAL IND.							
TOTAL DEP.	19							TOTAL DEP.							
TOTAL CLAIMS	20							TOTAL CLAIMS							